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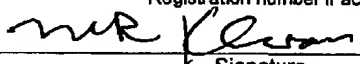
OCT 23 2006

PTO/SB/22 (12-04)

Approved for use through 7/31/2008. OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).)		Docket Number (Optional) 549222000101	
Application Number 08/977,846		Filed November 25, 1997	
For METHOD AND SYSTEM FOR INFORMATION DISSEMINATION WITH USER MENU INTERFACE (AS AMENDED)			
Art Unit 3639		Examiner T. Dixon	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 450.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> . I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.			
I am the	<input type="checkbox"/> applicant/inventor.		
	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.		
	<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>33,003</u>		
	<input type="checkbox"/> attorney or agent under 37 CFR 1.34.		
	Registration number if acting under 37 CFR 1.34		
 Signature		October 23, 2006 Date	
Norman R. Klivans Typed or printed name		(650) 813-5850 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			

10/25/2006 AWONDAF1 00000186 031952 08977846

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